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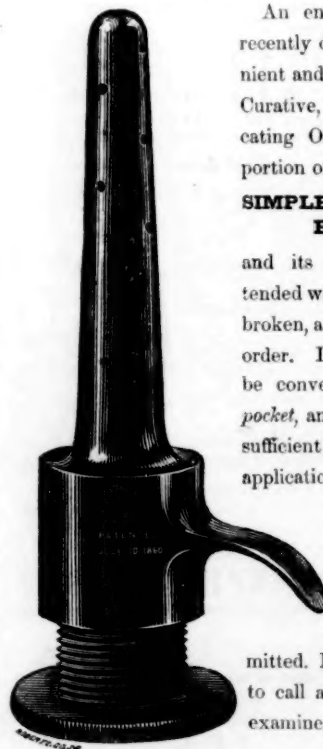
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CLINICAL LECTURE
ON ALBUMINURIA,
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By H. D. BULKLEY, M.D.,
PHYSICIAN OF THE HOSPITAL.

PART I.

DURING the two months now just ending, gentlemen (September and October, 1861), we have had seven cases of albuminuria in our wards, each presenting symptoms and complications more or less peculiar to itself, and all agreeing in illustrating some of the more interesting points of this serious and still but partially understood disease. I propose to give a brief sketch of the leading features of each case, and then to present them to you as a whole, and direct your attention to points both of resemblance and difference.

The first of these cases is that of a female, 24 years of age, who entered the hospital July 6th. She had been leading an irregular life for about three years, during which time she contracted gonorrhœa, and had a bubo, which was followed by rheumatism in the course of about three months. She had been in the habit of drinking until about a year ago, sometimes very freely. About six months before coming here, a dropsical effusion began to affect her body and upper and lower extremities equally. On admission, there was considerable swelling of the whole body. She was weak, but had a moderately good appetite. She was passing from sixty to eighty ounces of urine in twenty-four hours, which was highly albuminous, of specific gravity 1008. No microscopical examination of the urine was then made. She was directed to have dry cups to the back, and to take acetate of potash and infusion of buchu, to which was added, at the end of three days, five grains of chlorate of potash every four hours; and at the end of three days more, eight drops of muriated tincture of iron, three times a day, the potash and buchu being still continued. At the end of eight days more, the quantity of chlorate of potash was increased to fifteen grains, three times a day, with the potash and buchu, and the addition of the hot-air bath. The dropsical swelling now increased very much, and the right arm became red and painful, and the quantity of urine was diminished to fifty ounces in twenty-four hours. The chlorate of potash and hot-air bath were then suspended, and pulv. jalap. co. ordered, and a lotion of acetate of lead and opium for the arm. On the 31st of July, twenty-five days after admission, the dropsical effusion was about the same as when admitted, though the swelling and redness of the arm had nearly disappeared. She was then passing sixty to seventy ounces of urine in twenty-four hours. The acetate of potash and buchu were then resumed, with dry cups to the back twice a week. Ten days afterwards the menses returned, after having ceased for four months.

When first seen by me, on the 2d of September, she was very much swollen, and presented that pale and doughy appearance so characteristic of some forms of this disease. The specific gravity, quantity of urine, and amount of albumen in it, were about the same as when she entered, about two months before. She was now directed to take ten minims of tinct. ferri muriat. and also five grains of chlorate of potash, three times a day, which soon afterwards had to be exchanged for spiritus mindereri, on account of febrile symptoms which supervened; and after the lapse of a few days, she was discharged, at her own request, in about the same condition in which she entered the hospital.

The next case to which I would call your attention is that of a boatman, 24 years of age, born in this city, a well developed man, who entered the hospital September 14. He had been in the habit of drinking more or less

for eleven or twelve years, and sometimes to excess, and about six years before had syphilis for the first time, and, subsequently, both gonorrhœa and syphilis three or four times. The notes of his case do not state that he had taken mercury, but he had doubtless taken it one or more times. He first noticed the dropsical swelling a year ago, and says that it extended over all the body. He then went into the Brooklyn City Hospital; and at the end of eight months left there apparently well, and returned to his occupation, but a return of the dropsy soon compelled him again to give up work. About a week before he came here, he had an epileptic attack, during which he had bitten his tongue.

On admission he had a weak pulse and cachectic look, and was quite feeble. His brain worked very slowly and imperfectly, and he found it difficult to remember events, and seemed perfectly indifferent about himself. His pulse was about 80; skin moist; appetite poor; bowels very costive. His tongue was quite sore, and could only be partially protruded. When first seen, his pale and doughy look, the imperfect consciousness, his swollen and bitten tongue, and the fact that he had had dropsy, though none was now present, led me to diagnose it as a case of albuminuria, which had given rise to epilepsy, during an attack of which his tongue had suffered. On examination of the urine, it was found to be loaded with albumen, and of the specific gravity 1014. He was directed to have his bowels freely opened with the pulv. jalap. comp., and to take acetate of potash and infusion of buchu. Under this treatment the quantity of urine gradually increased, though no exact note was made of the increase at first; but on the 3d of October (nineteen days after entering the hospital), it had reached the amount of fifty to sixty ounces by measure in twenty-four hours, with rather less but still an abundant quantity of albumen, and some diminution of specific gravity, being 1010 instead of 1014, as at first. He was then directed to take ten minims of tinct. ferri muriat. three times a day, the pulv. jal. comp. to be continued. Soon after this, he began to complain of occasional dimness of vision, objects disappearing from view for a short time, and again suddenly reappearing, and also of occasional slight headache, and of some pain in the back. There was now slight œdema of the right foot. He was directed to take ʒj. of pulv. jalap. comp. every night, and the iron as before. He continued gradually to improve under the use of these means, his strength increasing, and his appetite improving, and the quantity of urine increased at one time to eighty ounces in twenty-four hours; and on the 21st October, thirty-seven days after first seen, it contained but very little albumen, had reached the sp. gravity of 1013, and contained an abundance of phosphates.

The obstinate constipation which continued throughout led to the substitution of the extract of elaterium, of which he took one-eighth of a grain three times a day, with the effect of moving his bowels very freely. Under this action of the bowels, the quantity of urine was reduced to thirty-two ounces in twenty-four hours, of specific gravity of 1016, the albumen at this time constituting about one-fifth of the whole, a proportion very much less than when admitted in the hospital, and it is in this condition we must now take our leave of him.

The third case was in a painter, 29 years of age, who had followed that occupation fifteen years, and whose case presents points of interest. He entered the hospital on the 4th of October. He had had six attacks of lead colic, and had always been treated with mercury, and had been salivated five times out of the six. During one of these attacks he was without a discharge from his bowels for seventeen days. He has been subject to attacks of rheumatism for the last seven years, affecting different parts at different times. He has been in the habit of drinking constantly, but not very freely, for the last ten years, usually gin, brandy, and whiskey. He never had the venereal disease. Has used tobacco by chewing very freely during fifteen years. Bowels are generally constipated,

but has not been troubled with headache, nor palpitation, nor cough. Lungs, heart, and liver, apparently healthy.

On admission into the hospital (Oct. 4), his complexion was pale and doughy; appetite was good; bowels costive; pulse 64, regular. His legs were very much swollen, but there is no record when the swelling commenced. The urine was loaded with albumen, of specific gravity 1008, and of whey color, and abundant in quantity. No microscopical examination was made of it. He was ordered to take one drachm of pulv. jalap. compos. daily for four days. Two days afterwards, when the urine was first measured, he was found to have passed eighty-eight ounces in twenty-four hours; and two days after this, one hundred ounces during the same period, of specific gravity 1009, and containing an abundance of albumen. The bowels had been moved the day before this. Three days later (11th) he was ordered pills containing one-sixteenth of a grain of the strong extract of elaterium, which operated very freely on his bowels.

On the 15th, the swelling had nearly disappeared from his legs, but he was still anemic in appearance. He was then passing from 100 to 110 ounces of urine in twenty-four hours, which was whey-colored, and which deposited but very little sediment, even after standing twenty-four hours. No casts were then found in it, but a few blood globules, and a moderate quantity of epithelial matter. The albumen was much less abundant than at first, amounting to only about one-sixth of the whole quantity. Specific gravity about 1008.

On the 16th (twelve days after admission), he was ordered the fluid extract of senna, with the ammonio-citrate of iron, and two days afterwards (on the 18th) he only passed twenty-six ounces of urine in twenty-four hours. On the 21st, he passed 40 ounces, specific gravity 1008; on the 25th, eighty-two ounces, specific gravity 1007. Two days after this he was directed to take the ammonio-citrate of iron in the compound tincture of cinchona, and on the 31st (twenty-seven days after admission), the dropsy had all disappeared. His appetite was good, and he felt comparatively well, and at his own request was discharged. The quantity of urine at this time was somewhat less than it had been, but still above the normal quantity. It was whey-colored, and contained about one-sixth of albumen. The specific gravity was not noted on that day, but doubtless remained without much, if any, change. Microscopical examination of the urine showed: 1, exudation corpuscles; 2, a few blood corpuscles; 3, fatty casts; 4, torule; 5, no salts.

The fourth case is one of interest in several respects. The patient, a seaman, *set.* 30, born in England, entered the hospital on the 27th April, 1861. He had had a severe attack of typhus fever about ten years previously, and within three years had had gonorrhoea twice, each attack lasting about two months, and had also had a chancre about a year ago. He never had had any secondary symptoms. It is not stated in the report of his case whether he ever took mercury.

The illness which brought him to the hospital began about two weeks previously with loss of appetite, headache, thirst, pain in the epigastric region, etc., of which he complained on admission, at which time his appetite was very poor, his bowels constipated, skin hot and dry. He also had headache, with occasional nausea, and a pulse about 100. Presenting the symptoms of gastric fever, it was treated as such by a cathartic of calomel, followed by laxatives, and afterwards by tonics. Under this treatment the fever left him, and he is reported at the end of three weeks as feeble, with a poor appetite, and with indigestion, which was supposed to be his only trouble, for which he was ordered the compound tincture of gentian. Under the use of this he seemed to have improved, when it was noticed (May 31st) that he was passing a large quantity of urine, nearly 100 ounces in twenty-four hours. On examination of the urine next day, it was found to contain a large quantity of albumen. At the same time he had a

healthy look, having a good color of both his face and lips, and saying that he felt nearly as well as he ever did. No mention is made of any dropsical swelling at this time. There was no microscopical examination of the urine. He was now ordered to take five grains of ammonio-citrate of iron three times a day.

Sixteen days after (June 16th), it was noted that both feet had lately become slightly swollen, without any swelling of any other part. In other respects he appears to have been perfectly well, had a good appetite, etc. He was now passing eighty ounces of urine daily, in which there was still an abundance of albumen. Five grains of iodide of potassium were now added to the citrate of iron which he was taking. No apparent change had taken place in the quantity of urine passed, nor in the amount of albumen in it, on the 7th July, about which time seven grains of chlorate of potash, three times a day, were added by the physician then in attendance, to the iodide of potash and citrate of iron, five grains each, which he had been taking. When first seen by me (Sept. 1st), he presented the appearance of a man in good health, with a countenance unusually florid, and complaining of nothing. An estimate of the water passed made it an average of a little over eighty ounces daily for the last three months, and the quantity of albumen seemed to have remained without any perceptible change during the whole of this period. No microscopical examination of it had ever been made.

He then took five grains of chlorate of potash three times daily until Sept. 17, when the urine was found to contain an abundant deposit of the phosphates, without any diminution of the quantity of albumen. Specific gravity not noted. He was now directed to take three drops of nitromuriatic acid, three times a day, in half an ounce of infusion of gentian. Sixteen days after (Oct. 3), he was found to be passing sixty-eight ounces of urine daily, of specific gravity about 1013, and containing still a large quantity of albumen. On the 15th of October his urine was of a deep yellow color, and turbid, and contained about one-fourth part of albumen by nitric acid, and also contained an abundant deposit of triple phosphates and of amorphous phosphate of lime. It also contained numerous casts, some containing oil-globules, but mostly of the large waxy kind, and some unhealthy epithelium; no free oil-globules were seen. He was now passing forty to fifty ounces of urine daily of the specific gravity of 1015; his general health seemed still good, and he continued to have the same florid complexion; his appetite was good, strength fair; he had no pain in his back, but had still to rise in the night to pass water; the same treatment was continued. At the end of ten days more (Oct. 25), the phosphates had disappeared from the urine, the quantity of which then varied from sixty to seventy ounces daily; general condition the same, and remained unchanged until the last of the month, when I ceased to see him. The quantity of albumen in the urine was then about one-third; no phosphates.

The fifth case is that of a stout muscular man, laborer, a native of Ireland, sixty years of age, who entered the hospital June 14th. General health apparently good; has never been a hard drinker; has had gonorrhoea ten or twelve times, the last time ten years ago; and has had chancres three times, the last time thirty years ago, and bubo once; has been twice slightly salivated, once for a chancre, and once, a few years ago, for diarrhoea, to occasional attacks of which he has been subject for many years, and lasting sometimes several months. He had one of these attacks in 1840 and 1841 and part of 1842, over which medicine appeared to have little or no control; he then spent eight months in this hospital. He has not been troubled with diarrhoea since 1850, and has enjoyed fair health since that time. Four or five months ago he began to suffer from a dull headache, and had also an occasional uncomfortable sensation in the neighborhood of the kidneys, and experienced about the same time a slight loss of sensation and power of motion of the left leg; he was also occasionally troubled with nausea and dimness of vision.

About a month before entering the hospital he noticed that his face and feet began to swell, but cannot tell in which the swelling first commenced. When admitted, his face, arms, and hands were moderately swollen, and the feet very much so; his appetite was poor, his bowels tolerably regular; he was passing between eighty and one hundred ounces of urine daily, of specific gravity 1008, which was found to be very albuminous; no microscopical examination of it was made at the time. He was then ordered to take acetate of potash and decoction of buchu, and at the end of seventeen days (July 1), the report states that his appetite had improved, and that the trouble in the left leg had ceased; he still complained of a dull headache. The specific gravity of the urine remained the same (1008), but the quantity of albumen had diminished very much. The same treatment was continued. Nine days later the quantity of albumen was still less, while the specific gravity remained the same. Seven and a half grains of chlorate of potassa three times a day, were then added to the acetate of potassa and buchu, which he had been taking since his admission. Twelve days later (July 21), it is stated that the albumen had disappeared from the urine for four or five days, and that the specific gravity was 1009, the quantity passed daily being from seventy to ninety ounces; the swelling had also left every part. The chlorate of potassa had been suspended two days before, and he was now ordered a pill three times a day, containing one grain of quinine, two grains of pure iron, and one quarter of a grain of extract of nux vomica, on account of vomiting and loss of appetite for a week. On the 1st of August he was attacked with diarrhoea, which was checked by opium, but which left him rather weak, for which two grains of quinine, three times a day, were ordered. To this was added, twelve days after (Aug. 15), half ounce doses, three times daily, of a solution of 3 j. of dilute phosphoric acid in a pint of water. The phosphoric acid was suspended, August 28, on account of diarrhoea, and opium given, the quinine being still continued.

When he came under my care on the 1st of September, he was passing a large quantity of turbid, whey-colored urine daily, specific gravity varying from 1008 to 1010, but without any albumen in it, by heat or nitric acid. There was no dropsical swelling. He was stout and well developed, and had a marked florid complexion, with a general appearance of good health. Still he did not feel well, and was suffering from a diarrhoea, having four or five stools in twenty-four hours. For this he took opium, and on the 10th of September, the phosphoric acid was resumed, and given of double the strength. He continued with little if any change, except that in the early part of October he complained of a sense of stricture across the upper part of the chest, which was accompanied by a slight mucous expectoration. On the 18th October he resumed the use of chlorate of potassa. At the end of the month he felt quite well, and was discharged at his own request. He then had no dropsical swellings. The urine had contained no albumen for between three and four months. It was still, however, turbid and whey-colored, was of low specific gravity (1008 to 1010), and was passed in quite large quantities. Microscopical examination had detected, at least during October, large pale waxy casts, though no record was made of the exact date; and we have to regret that such examinations were not more frequent, but circumstances rendered the omission of them unavoidable at the proper time.

The sixth case is one which has just entered the hospital, and can only serve us by its history and present condition, as we shall be unable to witness the result of the treatment. He is a native of this city, a shoemaker, 25 years of age, and was admitted on the 29th of October. He is suffering from an injury of the hip, caused by the kick of a horse some years ago, which has given rise to a discharge at times. He had a chancre about ten months ago, which was cured without mercury, by local applications alone. He has been in the habit of drinking freely for the last five years. In March last he had an attack of acute rheu-

matism, but without any affection of the heart. In May last he first noticed a swelling of his legs, and after this a swelling of the face in the morning, which disappeared after he got up. The swelling afterwards extended to his genitals. He noticed an increased frequency in making water soon after he began to swell. He never had any pain in the back. He has evidently necrosis of the left thigh bone. There are several sinuses which discharge quite freely, and the cicatrices of a few old sinuses, and the left leg is about four inches shorter than the right. His appetite is pretty fair, but he sometimes vomits after a meal. Bowels regular, pulse 92. Complexion pale. Condition of heart natural. There is effusion into the abdomen, and also swelling of the legs and penis. The urine is highly albuminous, the deposit both by heat and nitric acid being from one-third to one-half of the quantity. Specific gravity 1019. There has been no opportunity to ascertain the quantity passed. The microscopic examination, which has been but a partial one, shows an abundant deposit of lithates, and a few crystals of the triple phosphate, but no casts nor blood globules were found in the specimen examined. There was an abundant quantity of penicillium glaucum after the urine had stood thirty hours.

The seventh case was that of a stout German, a carman by occupation, twenty-seven years of age, who entered the hospital on the 19th October. His family have been long-lived. About seven years ago he had dropsy, which lasted thirteen months. He had a chancre two years ago, but it is not stated whether he ever took mercury. About three months after the chancre, he had paralysis of the right side of the face, which lasted three weeks, of which there has been no return.

The day before admission he was attacked with dyspnoea for the first time, for which he was cupped. On admission he was very pale, and had a very poor appetite. Bowels pretty regular; pulse 92. On examining the urine, it was found to contain a large quantity of albumen, and to be of the spec. grav. of 1008.

On examining the heart six days after admission, there were marked signs of pericarditis, double friction sound, extensive præcordial dulness, etc., with considerable dyspnoea. Three days afterwards the friction sound had almost entirely ceased, there was great increase of dyspnoea, and the præcordial dulness had extended very much. His face was swollen, and had a doughy appearance, and he was very weak. Pulse 88. The albumen in the urine was very abundant. He continued to sink, and died on the 19th Oct., fifteen days after admission into the hospital. No autopsy could be obtained.

We have another case now in our wards, presenting some symptoms which led me to look out for Bright's disease, but nothing decisive has been found. A healthy man, about twenty-five years of age, of regular habits, was brought to the hospital some few weeks since in a state of unconsciousness, which was at first attributed to intoxication by alcohol; but when first seen, the symptoms did not correspond with the poisoning from that cause. He was slow in recovering from the stupor in which he was when brought here; and as consciousness returned, it was found that he was paralysed in his lower limbs. When sufficiently restored to give an account of himself, he stated (and there was good reason to place confidence in his statement), that he had not been drinking, at least only very moderately, and that he was struck with entire unconsciousness almost at once. It was then surmised that perhaps he might have taken drugged liquor, but there was no good evidence of this. His mind returned to its normal state very slowly, and he was still slower in recovering the use of his limbs. After some time it was noticed that he was passing large quantities of urine, which was of a whey color, turbid, of low specific gravity, and amounting to 100 to 120 ounces in twenty-four hours, which continued for some weeks. He was in two instances attacked violently with vomiting, the first attack lasting several days, and at last yielding to morphine. The urine was carefully exa-

mined for albumen several times, without finding any, and no casts nor any other evidence of Bright's disease could be detected by the microscope. I call your attention to this case in this connexion, because one writer on the subject of albuminuria mentions the discharge of a large quantity of whey-colored urine as a strong indication of the existence of serious disease of the kidneys.

But we must defer the further consideration of the subject until our next meeting.

Original Communications.

HAS THE BRAIN SUBSTANCE ANY SENSIBILITY?

By GEO. B. WILLSON, M.D.,

THIRD REGIMENT MICHIGAN INFANTRY.

CARPENTER answers this question in the negative. On page 649 of the 1855 American Edition of his *Principles of Human Physiology*, he says:—"Even the substance of the brain and the nerves of special sensation appear to be destitute of this endowment"—sensibility. At page 534 he says:—"All the results of experiment concur to establish the fact that no irritation, either of the vesicular or of the fibrous substance, produces either sensation or motion." He continues:—"These results are borne out by pathological observations in man; for it has been frequently remarked, when it has been necessary to separate protruded portions of the brain from the remainder, that this has given rise to no sensation even in cases in which the mind has been perfectly clear at the time." In several other places he expresses the same opinion, and seems to regard it as a settled fact. I have serious doubts of the reliability of this teaching, and I would like to have an expression on the subject from other observers. It is quite proper that we, as a general thing, admit the teaching of high authority as true, even if it goes contrary to old and cherished opinions; but that feeling of deference should not lead us to disbelieve the positive evidence of our senses on the point, nor should it even be allowed for a moment to deter us from making experiments of our own on the subject whenever opportunity offers. One of the most injurious practices, heretofore in the profession, has been the unreserved acceptance of the dicta of great men as settled dogmata, on which further investigation would be useless: there is no question whatever in medicine that should be so regarded. I do not mean to inculcate habitual scepticism, or advise men to "seek for doubts." It is already too plain to us, that our profession involves so much guessing, that it is our duty to avoid rather than court cavilling at its teachings. It becomes us, however, as scientific students, to avoid dogmatism under every guise.

Entertaining the opinions just enunciated as reliable, I need no further apology for saying that, of late, I have been inclined to question the correctness of Dr. Carpenter's teaching on the subject in hand. My reasons are as follows:—

Last year I reported two cases of severe injury of the brain: one a wound by a circular saw, the other a severe gunshot wound, where considerable (probably six or eight ounces) of brain substance was lost. The saw-cut must have been nearly three inches deep (though its depth was not measured), and some seven or eight inches long, directed across the head, and severing the superior longitudinal sinus. In the report of that case I did not refer to the sensations of the patient while I scooped the sawdust of the skull from the wound with a large grooved director: I will add now that he felt, distinctly, the passage of the director as it was carried from one extremity to the other of the wound. He complained of *pain* only when the instrument scraped against the scalp, but he felt its point down in the bottom of the wound, and several times winced as it passed over particular parts. This case showed

that there was sensation—sensibility—but it did not prove an appreciation of its different degrees.

Here let me explain for a moment as to how I regard touch and pain, as contradistinguished from each other. I think they are the same in kind, and differ only in degree. Touch excites sensation, but without any disagreeable feeling. When touch is perceived more acutely it produces uneasiness; and a still keener and finer appreciation of it becomes *pain*. The faculty of touch I therefore regard as one with that which makes us feel pain. Sensibility consists of degrees—one of which is touch, another pain. Where that which would produce pain in some cases is not felt as such, but merely as *touch* or contact, I do not say that sensibility is lost, but only that the power of discerning between different degrees of it is lost, or is wanting, and this I regard as the normal condition of the brain.

In the second case which I reported—that of a severe gunshot wound of the brain, with great destruction of substance—I recounted the experiments made at the time in presence of numerous witnesses. Those experiments proved, conclusively, that in that case, at least, there was a good degree of sensibility in the brain tissue, and in the meninges. I expected that ere this many interested in this subject would either express suspicions as to the exactness of the report, or would at least have had attention called to this apparently anomalous sensibility of the brain: neither was the case, however, and consequently one of my objects in making the report has been rendered futile. I now wish to recall the attention of the reader to those cases, and particularly to the experiments made and reported with the latter. In that case there was very extensive destruction of the cerebral substance, so that some seven or eight ounces of it must have been scooped out in a broken and disorganized condition, thus leaving a large irregular cavity in the wounded hemisphere. Into this cavity I inserted my finger, and moved it about in different directions, and pressed with it first to one and then to the other side, and asked the patient what sensations he experienced. Though he did not complain of *pain*, yet he accurately described the movements of my finger; and, when I left it at rest, could define its locality as well as I could. Then, when I substituted a metallic instrument for my finger, he could and did define the difference of sensation produced, as accurately as if the wound was in any other part of the body. Again, when instead of putting my finger into the cavity within the cerebrum I put it outside on the surface of the brain beneath the skull, in different places, he defined its location exactly. Though he did not complain of pain, but on the contrary said he felt no pain whatever during the experimental operations, yet the sense of touch, as such, appeared to be quite perfect in every part of the brain I examined. And the opening in the skull, as I had enlarged it, permitted not only the introduction of the whole finger, but also a part of the metacarpal bone equal to nearly two inches. It is quite certain that the point of my finger reached quite beyond the anterior inferior edge of the tentorium, and consequently into the most distant part of the cerebrum; from that part to the anterior surface I had ample opportunity of testing the sensibility, and it was as I have described.

I do not say that "one swallow shall make a summer," but I wish to have those cases kept in mind to put with others. It may be that many similar cases have occurred, but, because of their unusual features as compared with the opinions of Carpenter and others, they have been neglected. It is desirable to see how many such cases come up, and whether the evidence from them is to be the rule or the exception.

The instance given by Carpenter, as above cited, of excising parts of the brain, is not worth much if many such cases as I cite occur; because those parts excised were in cases of *hernia cerebri*, and in their excision only the adventitious growth (in all probability) was interfered with. The sensibility of tissues of such rapid growth in any part of the body is generally very imperfect, and that a cerebral hernia

should lack sensibility is no proof or disproof of the sensibility of the cerebrum itself. I would like to have the opinions of others on the subject, but I desire that they should always bear this simple fact in mind—that *absence of sense of pain is not absence of sensibility*.

It may be proper to add that the two cases mentioned are in the third volume of the *MEDICAL TIMES*, pages 165 and 237.

CASES IN MILITARY SURGERY.

GUNSHOT WOUNDS OF THE ABDOMEN, THORAX, THIGH, ARM, AND HAND.

By WILLIAM O'MEAGHER, M.D.,

SURGEON THIRTY-SEVENTH N. Y. V.

Gunshot Wound of the Intestines—Peritonitis—Death—Autopsy.—John Mallon, private, Company G., 37th N. Y. V., was wounded in a midnight attack on the enemy, at Colchester, Va., on the 27th January, 1862. Though considerably shocked, he was still able to assist his comrades to batter in the door of the house occupied by the enemy, when he sank exhausted. He was thence conveyed on horseback seven miles to the village of Acotink, where I attended him. On examination I found his pulse small, and beating 120 to the minute; his features ghastly, and expressive of profound prostration. Though he suffered severely he was entirely conscious, and able to indicate the wounded part. Stimulants, combined with morphia, were administered at intervals, until reaction and relief were produced, to some extent; meanwhile I was pursuing the examination.

The ball—apparently a large conical one—entered the body at the upper part of the sacro-iliac symphysis, fracturing the posterior superior spinous process, passing inwards obliquely towards the spinal column, being finally lost in the abdominal cavity, wounding the intestines. I had come to this conclusion after a rapid survey of the attending symptoms. With a moderate reaction came, restlessness, hiccough, nausea, and pain, referred to the right iliac fossa, in which, guided by his sensations, I presumed the ball had lodged. Repeated examinations, however, failed to discover any evidence of its precise locality. The bladder appeared to be uninjured.

After the removal of a few spicula of bone from the wound, which was closed at the bottom of the psoas muscle, nothing more remained to be done than to close it externally with a light compress of lint and a broad bandage around the hips, stimulants and opiates being repeated at intervals.

Next morning he was conveyed in a field ambulance to the regimental hospital, a further distance of about eight miles, and though the roads were in a most frightful condition, still, by careful driving and adequate assistance, he was brought in alive, and apparently not much worse for his long ride. He was kept constantly under the influence of morphia, and fluid nourishment, together with stimulants. On the third day, symptoms of subacute peritonitis supervened. The narcotic was gradually increased, and emollient anodyne epithems applied to the abdomen, which was becoming tympanitic, but not very painful on pressure. As before stated, the pain was referred mostly to the right iliac fossa.

Under this palliative treatment he grew somewhat better, though the prominent symptoms remained nearly the same, until the eighth day, when a spontaneous natural movement of the bowels took place, inducing a faint hope that perhaps he might recover. But an uncontrollable diarrhoea set in immediately afterwards, the evacuations being very profuse and entirely purulent; obstinate vomiting, incessant hiccough, low delirium, and collapse supervened, and continued until he died on the sixteenth day.

The autopsy, made eight hours afterwards, revealed the following state of things:—The ball had entered the body as before stated, furrowing the psoas muscle, passing over the promontory of the sacrum, against which it was flattened, posteriorly, into the right iliac fossa, wounding

the posterior part of the cecum, about an inch from the appendix, furrowing again the iliacus muscles, thence deflected upwards by the right ilium, wounding the transverse colon, anteriorly, in two places—entrance and exit being about three inches asunder—and was finally discovered between the bladder and rectum. It was a conical rifle ball, weighing nearly one ounce. The intestines were attached in several places to one another, to the abdominal parietes, especially on the right side, and to the omentum, which was distinguishable as a thin membrane, considerably expanded, and in a state of decomposition. Underneath the cecum was a well of pus, which, together with the other purulent fluids removed from the abdomen, and what was previously passed at stool, would certainly amount to more than a gallon. Fibrinous clots covered the surface of the intestines, in thick, soft, and blackish patches, which were then assuming all the appearances of decomposition. Throughout the entire intestinal tract this was strikingly evident.

This case excited a good deal of interest among the surgeons of the brigade, who look upon it as a very remarkable instance of life prolonged under such disadvantages.

Gunshot Wound of Intestines—Death in Ten Hours.—James McClellan, Co. H, 1st New Jersey Cavalry, while patrolling the Richmond road beyond Pohick Run, in advance of our pickets, about 7 A.M., Feb. 24th, was wounded from an ambush, the ball entering the body an inch to the right of the spine, in the vicinity of the kidney, and passing quite through half an inch below the umbilicus. The small intestine was severed completely, the wound extending also to the mesentery, from which profuse hæmorrhage occurred both externally and internally. Shortly afterwards vomiting set in, during which the wounded intestine was in part protruded, indicating the nature of the injury. He was then in *articulo mortis*, and it appeared utterly impossible to do anything more than alleviate his sufferings by morphia, etc. He never rallied, and died at four in the afternoon, while I was in another part of the field to look after a detachment of the regiment who were engaged with the enemy.

Gunshot Wound of Thorax, Lung, Diaphragm, Liver, Vena Cava Ascendens, Stomach, etc.—Death in a few minutes.—Laurence Glynn, private, Co. B., received his death wound on the same day in a skirmish with the enemy, near Colchester, on the Occoquam Creek. He lived only a few minutes. The ball entered the right side of the thorax, fracturing the ninth rib near the angle, wounding the lower border of lung, then passing through the diaphragm, tearing open the liver, the ascending cava, the stomach posteriorly in two places, at the lesser and greater curvatures, the diaphragm again, the left pleura, fracturing the tenth rib anteriorly, and finally fracturing both bones of left forearm near the upper third. The heart was found completely empty, while the thorax and abdomen were entirely filled by the resulting hæmorrhage.

Gunshot Wound of Thigh, narrow escape of Femoral Vessels.—Michael Hussey, private, Co. D., was wounded on the evening of the same day, the ball entering the right thigh near the lower angle of Scarpa's space, passing upwards and escaping posteriorly in the gluteal furrow. Very little hæmorrhage occurred, though he walked a considerable distance back to the picket station. A plug of scraped lint was inserted into each opening, and a roller bandage applied, this being kept wet with an evaporating lotion. Next day he was removed to the regimental hospital, and for two weeks following little more was done, except to apply a poultice. By this time he was able to walk about, no bad symptom having occurred to mar his speedy convalescence.

Compound Comminuted Fracture of the Humerus.—Patrick Mullam, private, Co. G., was wounded in the same skirmish in the left arm, in all probability by a bullet from a large revolver, while in the act of reloading his rifle. His arm dropped useless by his side, and it is said the brave fellow wanted to continue fighting, looking around to pick

up the arm, which he had supposed was shot completely off. There was a most extensive compound comminuted fracture of the humerus, at the junction of the upper and middle third, with considerable laceration of the soft parts. The ball passed through the arm posteriorly to the great vessels and nerves, which appeared to be uninjured, though the exit of the wound was large enough to admit a small-sized hand, and entered the body underneath the pectoral muscles, from which it was subsequently removed by incision. He also received two other wounds from small shot in the thumb of same side and instep of right foot, which, however, were not of sufficient importance to cause any anxiety.

Several spicula of bone were removed, pasteboard splints and bandages applied, and the arm placed in a sling. Stimulants and opiates were administered, and next morning he was sufficiently relieved to bear transportation to the regimental hospital. At the second dressing, the wound was cleaned more effectually by a syringe and water, and the fragments of bone brought into position so as to overlap to some extent. This, of course, produced considerable shortening of the arm, but under the circumstances it seemed the only alternative left, inasmuch as operative procedure, especially amputation at the shoulder-joint, or even at the point of fracture, was neither necessary nor desirable. I was guided in this respect as well by common sense as by the favorable opinions of the other surgeons of the Brigade, whose advice I asked freely, and their views, I am happy to say, coincided with my own. The muscles of themselves had contracted, naturally bringing the fractured ends nearly in apposition, so it only remained for me to keep them in that situation by a light splint, a roller bandage round the axis of the arm, and a figure-of-eight bandage so arranged as to support the elbow effectually. An ordinary sling was added, and the whole supported by a small pillow. The only dressing or application was lead and opium wash, the wounds being filled in with shredded lint, and dressed every or every other day. In a short time a slow but steady improvement was manifested, indicated by healthy granulations and free suppuration. His appetite was remarkably good throughout, for besides his usual meals of meat, eggs, and other solids, he drank beef tea, milk punch, egg nog, and other stimulants *ad libitum*.

In about three weeks the external wound closed, and the internal one was gradually filling with granulations. Nothing was now used as dressing but the shredded lint, dry, the bandages being still adjusted, and the splint applied in the manner before stated. He was then sent to the General Hospital at Alexandria, in consequence of the regiment receiving marching orders, but I presume he will recover with a useful arm, in due time, by proper care and attention.

Compound Comminuted Fracture of the Middle and Ring Fingers of Left Hand.—Maurin Walsh, private, Co. D., was shot on the 29th of January, the discharge taking effect in the left hand, fracturing the second and third joints and neighboring phalanges, and lacerating the soft parts considerably. The second joints were entirely destroyed and the others seriously injured. The tops of the fingers were barely held on by the uninjured parts, but, though the phalanges were comminuted, they still preserved a certain amount of continuity sufficient to give a faint hope that the fingers might be saved. Accordingly, the disintegrated portions of bone and loose flesh were removed, splints applied, and a terebinth dressing used for a few days. At first it appeared extremely doubtful whether conservative surgery would acquire any credit from this attempt, but a little more patience on the part of both patient and surgeon brought about the desired result. By repeated and careful manipulation and moulding, so to speak, the fingers gradually resumed their normal shape, and now (March 31st) they are nearly healed up with every prospect of useful fingers, but of course artificial joints.

A similar case occurred shortly afterwards to private Murphy of Co. F., in whom the ball passed through the

second joint of right index finger, producing a like wound, but not so severe or dangerous. In a week or so it healed up considerably, with simple water dressing and a splint.

Reports of Hospitals.

BELLEVUE HOSPITAL. COMPRESSION AND LACERATION OF BRAIN. ILLUSTRATED WITH CASES.

In no class of diseases do the symptoms so often belie themselves in regard to significance as in injuries of the brain. The various phenomena regarding the condition of the pupil, the occurrence of vomiting, convulsions, etc., claimed as indicative of the existence of particular lesions, have been proved to be, by experience, wholly unreliable; in fact, the autopsy under these circumstances not unfrequently shows the existence of a condition the exact opposite of what had been previously suspected. This being the case, we are forced to admit that a great many relations of cause and effect have to be explained in a somewhat different way than formerly. The following cases will illustrate some of the discrepancies alluded to:—

SERVICE OF DR. STEPHEN SMITH.

CASE I.—*Compression of the Brain occasioned by a Blow upon the Skull.* (Reported by Henry M. LYMAN, M.D., House Surgeon.)—Mary M., an exceedingly intemperate Irish woman, æt. 35, and married to a soldier, while engaged, October 13th, in celebrating her husband's safe return from the wars, received a fall which produced a small scalp wound half way between the right ear and the spine of the occiput. The next day, at four o'clock p.m., she was brought to the hospital, apparently in a state of intoxication, bleeding profusely from the wound on her head. An emetico-cathartic was administered, and the stomach and bowels were fully relieved by its action. The matter ejected from the stomach exhaled an unmistakable alcoholic odor. Two hours after admission the patient manifested a degree of consciousness—could sit up and answer questions, though with the air of a person still under the influence of liquor. The condition of the pupils and of the pulse was quite natural. At two o'clock the next morning an epileptiform convulsion of the right side took place. From this time convulsions continued to recur every few minutes. At seven o'clock in the morning the convulsions affected the left side principally. At nine o'clock both sides were alike convulsed; there was frothing at the mouth, stertorous breathing, constant oscillation of the head. The pulse was 146, the skin was moist, the pupils were of natural dimensions, and responded sluggishly to the influence of the light. An exploratory incision through the scalp revealed no indication of a fracture of the skull. The patient soon became profoundly comatose, and died at half past eleven o'clock in the evening.

After the completion of the coroner's inquest the cranium was opened, by permission of that functionary. There was no fracture of the skull. The effusion of serous fluid under the arachnoid was abundant, especially at the base of the brain. Upon the surface of the left hemisphere of the brain, directly opposite the point of external injury, was a small clot of blood filling the sulci, and overlying the convolutions of that organ. No other abnormal appearances were remarked.

CASE II.—*Undepressed Fracture of the Skull; Concussion; Compression; Death.* (Reported by Dr. H. M. LYMAN.)—An unknown man, apparently thirty years of age, was brought to the hospital at seven o'clock a.m., Nov. 23d. At about nine o'clock the previous evening he was seen to fall into an area, whence he was removed to a police station-house. He soon vomited freely, and was placed in a cell; but in the morning, finding that he was stupid and speechless, the officer transported him to the hos-

pital. On admission the patient was placed in bed, with hot bottles at his feet. His skin was moist and cool; his pulse was slow and soft; his respiration was natural, but suggestive of alcoholic potations; his pupils were slightly contracted and sluggish; there was no evidence of paralysis, though the patient was profoundly unconscious. The alimentary canal was thoroughly evacuated without the agency of medicine, otherwise the patient remained without any alteration of symptoms till night. The next morning his pulse was full and rapid, and the left pupil was dilated. The muscles supplied by the facial nerve upon the right side soon exhibited evidence of paralysis. During the course of the afternoon the patient made several attempts to get out of bed; but for the most part of the time he was perfectly comatose and motionless. At four o'clock P.M., he died.

Autopsy, twenty-four hours after death.—The body presented no marks of external injury. The scalp, which had been repeatedly examined before death, was perfectly natural and healthy in appearance, showing no sign of contusion or disease of any kind. On removing the occipito-frontalis muscle the pericranium covering the left parietal bone was somewhat discolored with blood. There was a fissure of the skull, extending horizontally, from a point about one inch above the left ear, three-quarters of the distance to the median line posteriorly, producing a rupture of the posterior branches of the middle meningeal artery. A large clot of blood was interposed between the inner table of the bone and the dura mater beneath the fracture. The membranes of the brain were much congested, and several of the smaller vessels were ruptured at different points upon the surface of the left hemisphere. There was considerable laceration of the superficial cerebral substance, occasioning great extravasation of blood, at the lower and anterior surface of the anterior and middle lobes of the left hemisphere, but without discoloration or softening of the adjacent brain tissue. The left lateral ventricle contained nothing unusual; the right ventricle was completely filled with serous fluid; the choroid plexuses were pale. The right lung was bound by old adhesions to the costal pleura; with this single exception, the thoracic and abdominal organs seemed to be perfectly healthy.

CASE III.—Extravasation of Blood from Blow upon the Head.—(Reported by B. A. SEIGR, M.D., House Surgeon.) Terrence Fitzsimmons, set. 28, single, printer, born in New York, intemperate. Several times during the year past has fallen in paroxysms of convulsions. Nov. 11th.—Found by the police lying on the pavement in an insensible condition. Admitted to Bellevue Hospital at nine A.M.

He had a contused wound on right side, extending upwards one inch from the upper portion of the superciliary ridge, by which the bone was exposed.

Gave no evidence of consciousness. No power of voluntary motion. Slight reflex action followed severe pinching; most on the right side. Pulse full, a little frequent. Respiration heavy, occasionally snoring. Pupils dilated; the right most. In the evening he could take no food. Coma deep. Respiration more rapid. Decubitus dorsal. Bowels tympanitic; responded to injection. Urine retained. 2d day.—Pulse 140, small; respiration 36. Had three convulsive paroxysms, confined to left side. Twenty-five hours after admission death occurred.

Autopsy, 30 hours after death.—Body well nourished. Several slight contusions. Extravasation of blood in the tissues about the scalp wound. Beneath the dura mater, all over the right hemisphere of the brain, was an extravasation of blood. The brain was normal in color and consistence. Bloody serum in the ventricles and at the base of the brain. Fatty degeneration of the liver and kidneys.

(To be Continued.)

VITAL STATISTICS OF 1861.—In the year 1861 the births in Great Britain were 802,598, and the deaths 497,624, so that the natural increase was 304,974.—*Brit. Med. Jour.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, February 26, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

(Continued from page 194.)

LARDACEOUS TUMOR OF THE INTESTINE.

DR. LOOMIS presented a specimen of tumor of the intestine, removed from a German, 53 years of age, who was admitted into Bellevue Hospital on the 14th of last January. From his history no trace of hereditary predisposition to disease could be traced. The patient stated that he had always been well with the exception of an occasional attack of rheumatism, until five weeks previous to his admission into the hospital. He was then attacked with severe pain in his abdomen, after drinking freely of beer. The pain, which he ascribed to the drink, was constant, and at times it was so severe that it compelled him to go to bed. Most of the time, however, he was able to attend to his business. On his admission he had a pale emaciated appearance; his countenance was anxious; his pulse was feeble, and about 90 per minute; his extremities were disposed to be cold; his skin clammy; and he was extremely weak, though able to walk around his ward. He had lost his appetite entirely, and complained continually of this pain in his abdomen, which was sometimes so severe as to cause him to vomit. A physical examination of his chest revealed a loud systolic murmur, heard with greatest intensity at the apex, and transmitted around the left side, so that behind at the border of the scapula the sound was almost as distinct as in front. The rhythm of the heart was perfect. The abdomen was tumid, and was excessively tender on pressure in each iliac fossa. A tumor was readily detected in the left side, on tracing the outline of which it was found to extend from the lower border of the rib down to the ramus of the pubes, and was about a hand's breadth in width. On examination *per rectum* a tumor was also detected, which seemed to communicate with the one felt through the abdominal walls. The whole abdominal surface was, however, so tender as to render it impossible for a thorough examination to be made. The patient remained in about that condition until the 8th of February, when he was seized with symptoms of acute peritonitis, of which he died in the course of six days after.

Autopsy.—On making the autopsy the pericardium was found firmly adherent to the heart. The heart itself was not much enlarged, though the mitral valves were insufficient. On laying open the abdomen it was found to contain about six quarts of clear light-colored serum. The peritoneum covering the abdominal walls was the seat of a fibrinous-looking deposit about half an inch in thickness. This deposit was also found on the surface of the intestines, and could easily be scraped off with the finger nail. It covered also all the organs which were covered by peritoneum, and were seen upon the under surface of the diaphragm. The greater omentum was filled with this deposit, and was firmly adherent to the abdominal wall by fibrinous bands; this was also the case with the lesser omentum. On raising the descending and transverse colon it was found firmly adherent; and in this situation a tumor was discovered with the following dimensions:—eight inches long, four in width, and four in thickness. On laying open this tumor it was found to present the appearance of raw pork, and when cut into allowed the knife to come directly into the intestine. The tumor seemed to have been developed in the walls of the intestine. A tumor of similar character was found in the rectum. Microscopical examination of the exudation upon the peritoneum showed it to be nothing more than the products of inflammation, while Dr. L. believed the tumor to be cancerous in character. All the other organs of the body were healthy.

Dr. CLARK remarked that he had never seen a deposit of lardaceous tissue in the walls of the intestine that contained a cancer cell. He noticed that Dr. Loomis merely expressed a belief that the deposit was cancerous, and it struck him that it was worth while to be quite sure about it, inasmuch as the true lardaceous tissue was simply fibrinous degeneration with an infiltration of serum. He was strongly impressed with that fact early in his microscopical studies. Having prepared some specimens of this tissue, he found that it resembled so strongly sections of the fibrinous tumor of the uterus, that, having a piece of each on a slide, he was often at a loss to determine which belonged to the uterus and which to the intestine. Going on to Boston about this time, he was met with a vast amount of incredulity with regard to such fibrous tissue being what is called cancer of the intestine. Ever since then the fact impressed itself upon his mind that cancer cells were wanting in such tissue. In conclusion he stated that he had never met with such a tumor of the intestine that was half so large.

Dr. LOOMIS stated that he had not examined any portion of the tumor by the microscope, but Prof. A. Flint, Jr., to whom he gave a small piece, positively affirmed that no cancer cells existed in the mass. Other gentlemen, however, who had examined the specimen, were of a totally different opinion.

INTUSSUSCEPTION OF THE ILEUM.

Dr. GURDON BUCK exhibited a specimen of intussusception of the ileum, and furnished the following history:—The patient was a female infant, four months and one week old, who was nourished both from the breast and spoon, and enjoyed every advantage of good nursing and the most favorable hygienic conditions. The only indisposition she had ever suffered from had been relieved by a single small dose of castor oil. During the day, Feb. 14th, preceding this attack, she was lively and happy, and had an evacuation from the bowels of perfectly healthy appearance. Between ten and eleven o'clock in the evening, as her mother was preparing to retire, she waked out of sleep, screaming apparently from severe pain, and soon vomited the contents of her stomach, and had an evacuation of the bowels. Every soothing measure was employed during the night that an experienced mother could think of. An enema of warm water was administered, and was soon followed by the discharge of a small quantity of ochre-colored, soft, fecal matter, with a minute streak of blood upon the diaper. She refused the breast, and when the pain seemed most severe would draw up her limbs. No straining or tenesmus accompanied these paroxysms of pain. When first visited the next morning (18th) vomiting still continued at intervals of half an hour to an hour, and was accompanied with a faint cry of suffering, and drawing up of the limbs. A slightly increased warmth of the hands and acceleration of the pulse were observable. The face was placid, and the respiration undisturbed. She now took the breast, and drank with eagerness. The abdomen was supple and not at all distended. A rubefacient poultice was directed to the abdomen, and two small doses of magnesia and bi-carbonate of soda were given at an interval of three hours. At evening a small evacuation from the bowels followed an enema, and the fluid vomited was tinged with yellow and greenish bilious matter. Ordered, B. Elix. opii McMunn, gutt. xij.; sacch. alb. p. 3ss.; aquæ camphor. ʒj. To take half a teaspoonful every two or three hours.

19th, morning.—Vomiting still continued, though less frequent; disposed to sleep. Stop the sedative mixture. Ordered hydrarg. c. creta, gr. j.; sodæ bicarb., sacch. alb. pulv., aa. gr. ij.: to be repeated in three hours. At evening no evacuation had taken place; the vomiting continued; the fluid ejected from the stomach was of a brownish color. A consultation was held with Dr. Thomas F. Cock late in the evening, and a careful examination of the abdomen made for the purpose of detecting, if possible, the seat of

the obstruction of the bowels, the existence of which was suspected from the character of the symptoms. The abdomen, though still supple, was beginning to be somewhat tympanitic. A firm, well defined tumor, was now recognized extending above and below the umbilicus over a space of five or six inches, and to either side of the median line within a space of three or four inches. It was somewhat movable, dull on percussion, and disconnected from the liver and spleen above. While handling it the child winced, and gave signs of uneasiness. This discovery confirmed the suspicion of obstruction.

20th.—Convulsions supervened in the morning, sometimes affecting the face and limbs of one side only, and at other times affecting both sides alike. Hiccough also occasionally accompanied the vomiting. These symptoms continued throughout the day and evening, with intervals of consciousness; no evacuation from the bowels took place. Patient died at midnight, having survived the attack about seventy-two hours. After death a patch of viscid, tough, bloody matter, from the anus, was found upon the diaper.

Post-mortem examination, fourteen hours after decease. —Limbs supple and free from cadaveric rigidity. Abdomen greatly distended. The tumor observed during life could not be distinguished by palpation. The peritoneal cavity being laid open a moderate quantity of bloody serum escaped, and the small intestines alone were brought into view, pale and distended. By displacing them on the right side a portion of large intestine was discovered, fleshy and firm to the feel, and of a dark greyish, livid color; it was found to consist of the cæcum, ascending and right half of the transverse colon, and contained in its cavity the ileum, which had become intussuscepted. The vermiform appendix lay in situ, swollen, and of the color of a clot of blood. No adhesions or exudations of lymph were found on these surfaces. The left half of the transverse colon, and all beyond it to the anus, was pale, empty, and shrunken. On laying open the enlarged portion of colon the intussuscepted ileum was brought into view, livid and gangrenous; its mucous surface, which lay exposed, was coated with a greyish purple exudation of the thickness of the finger nail, easily scraped off, and bringing into view a deep purple surface underneath.

The distal extremity of the intussuscepted gut presented an orifice through which a bougie was passed along its whole length into the ileum above the valve. At least fifteen inches of ileum were estimated as involved in the strangulation. The coats of the large intestine inclosing the incarcerated ileum had undergone no apparent change.

In conclusion Dr. Buck remarked:—This case perhaps is remarkable from the entire absence of any antecedents which could be connected with this attack as a cause; the child being in perfect health up to the time the alarming symptoms were ushered in. The age is that at which it occurs most frequently. In a paper by Dr. Lewis Smith, in which fifty cases are reported, I think more than a quarter occurred between the ages of three and six months. I believe that tenesmus and bloody stools are a frequent accompaniment; they were, however, absent in this instance. There were no exudations upon the viscera, neither were there adhesions, but simply fluid effusions in the cavity of the abdomen.

Dr. SMITH stated that in nearly all cases under one year of age antecedent symptoms were unusual.

SCARLET INJECTION OF LARYNX AND TRACHEA IN SCARLATINA. —SUSPECTED CASE OF POISONING BY MISTAKE OF APOTHECARY.

Dr. FINNELL presented the larynx and trachea of a girl, four years of age, who died rather suddenly under suspicious circumstances. She came home from school on a Monday, complaining of a sick stomach and headache, and was put to bed. Becoming much worse on the morning of Tuesday a physician was sent for, who wrote two prescriptions, and left directions with the mother as to their

mode of administration. The prescription was so badly written that several druggists were unable to decipher it; at length one was found who professed to be familiar with the handwriting of the physician, and accordingly ventured to put it up. One of the prescriptions read, *Aq. Ammon. ac.* (Liq. Ammon. acetat. being intended), and the apothecary put up in its stead the *Aq. Ammonia*. It so happened, however, that other ingredients in the mixture neutralized the effects of the alkali. The child grew rapidly worse after taking two or three doses of the medicine, and died on Wednesday night. A scarlet eruption made its appearance on the second day of the disease. The circumstances attending the death of the child were such as to call for an investigation by the coroner, and the post-mortem examination was made by Dr. Finnell. It was then discovered that the child died of scarlet fever, and the only interesting point to him was the occurrence of a scarlet redness of the larynx, trachea, and larger division of the bronchi, which he was not aware belonged to the disease in question. A child in the same family died a day or two afterwards with the same fever.

No other specimens appearing, the society went into executive session.

American Medical Times.

SATURDAY, APRIL 12, 1862.

COMMISSION OF LUNACY.

THE Legislature of the State of New York has before it, again, a Bill creating a Lunacy Commission. Such a measure last year passed one branch of the Legislature, but failed in the other through the delinquencies of its professed friends. We took occasion at that time to discuss this subject at considerable length, and, from time to time, articles have appeared in the columns of this journal, from the pens of our ablest writers, setting forth the necessity of the measure. The profession throughout the State are, we believe, alive to the importance of this Commission, and to their urgent appeal to the Legislature is due the consideration which is now given to it. The Medical Society of Oneida County has been especially active in this movement, having had a committee devoted to this object for two years, with Dr. COVENTRY as its Chairman, whose intelligent efforts in behalf of the insane will prove one of the brightest acts of a life devoted to suffering humanity.

The provisions of the present Bill do not differ from those of the Bill of last year. It provides for the appointment of a Commission of Lunacy, whose duty shall be to visit, at least once in each year, all almshouses, poorhouses, lunatic asylums, and jails, within the State; to keep a record of such visits; to ascertain the number of insane inmates, the methods of treatment, the general condition and wants of such establishments, and to report the same to the Legislature; to investigate and decide upon the question of the alleged insanity of any condemned prisoner who may apply to the Executive for pardon or commutation of sentence; to institute a careful examination into the mental condition of persons held in custody for the commission of any offence, punishable by imprisonment in the State prison or death, who are suspected of being insane, etc., etc.

It will be seen that the duties of such a Commission are neither few nor unimportant. There are in this State upwards of two thousand insane persons confined in almshouses, jails, penitentiaries, who should come under the personal examination of such Commission; many of these unfortunate persons are the victims of the grossest ill-treatment. It seems impossible that, in an age so distinguished for its intelligent treatment of the insane, and in a State so renowned for its judicious philanthropy, the poor lunatic is to be found still bound by chains in a dismal cell, unwashed, uncleaned, and receiving his meagre pittance like the wild beast of the menagerie. Yet such a shocking spectacle may be seen in many an almshouse of this State.

To correct such fearful abuses as these, to rescue a class of simply unfortunate fellow-men from the loathsome dens to which ignorance has consigned them, is one of the chief objects of this proposed Commission. In no other way can the State judiciously and intelligently interpose in behalf of the poor insane, than by creating an intelligent medical Commission charged with this specific duty. The other duties of such a Commission, as above stated, are not less important, though widely different. To act well the part of an expert in the examination of persons alleged to be insane, requires the highest order of talent, with great practical experience derived from the study and treatment of the insane. No mere general practitioner or medical theorist can discharge its delicate and responsible duties satisfactorily. Notwithstanding the high character of English physicians to the insane, not a month has passed since a British statesman said in debate, "medical men knew no more about it (insanity) than other men." During the time he had sat upon the Lunacy Commission, his experience led him to the conclusion that medical men were as ignorant of mental diseases as other men." This opinion was sustained by the Lord Chancellor, who, in a strain of bitter sarcasm, quoted from medical writers on the diagnostics of insanity.

The Bill of last year contemplated the appointment of a single Commissioner for the entire State. This we regarded as a mistake, for the duties are of a character too great and too responsible to be committed to any single person. The following views, which we then expressed, are confirmed by subsequent consultation with prominent members of the profession in different sections of the State, and we commend them to our Legislators:—

"It may reasonably be doubted whether any physician professionally competent for this commissionership would rejoice in the appointment, for the labors it would impose are greater than any one man can fully and properly perform. The Commissioner must not only carefully inspect every almshouse, lunatic asylum, and jail, in the sixty counties of the State, at least once each year, but he must, as his chief concern, attend personally to every case of alleged unsoundness of mind in the thousands of criminals and persons accused of crime, in a state having a population of four millions, and a criminal calendar that is frightful in numbers and enormity. Whatever is done by the proposed Commission should be well done, and doubtless the time of the Commission will be mainly absorbed in its jurisdictional duties. The proper inspection and supervision of our almshouses and jails alone, would require the incessant labors of one commissioner, and with this service should be coupled the duty of thoroughly investigating the condition and numbers of the insane in all sections of the state. Accurate knowledge and statistics based upon such investigations would be of vast importance to the state, and of the greatest benefit to the unfortunate victims of insanity.

Will the Assembly provide for this? Let the nineteenth Section be better defined, and let there be at least three Commissioners appointed."

LABORS AND RESOURCES OF THE MEDICAL DEPARTMENT OF THE ARMY.

EVERY reader of this journal must have watched with eager and fraternal interest the progress of organization and outfitting in the Medical Department of the army. Less than one year ago that department was, in common with all other branches of the military service, on a peace basis, with a minimum personnel, and the meagre resources which a most rigid economy had forced upon it. The little staff of about one hundred medical officers, scattered from Texas to Oregon, had no surgeons to offer the volunteer regiments as they rushed to the seat of war: indeed, that staff was not sufficiently numerous to furnish the requisite number of administrative officers for the Medical Department of the grand army.

The special session of Congress failed to make any adequate provision for strengthening the medical corps of the regular army, yet left upon its Bureau officers the entire responsibility of preparation, outfit, and control, of a vast corps of volunteer surgeons, and the hospital supplies and administration for more than half a million of soldiers in the field. The tender sympathies of the whole people followed these unseasoned volunteers to their camps, and demanded unusual medical and sanitary care. Even the volunteer surgeons themselves must be instructed in the details of their official duty, while the officers of the War Department were continually receiving advice and suggestions upon questions concerning the hygiene of the troops. The records of the War Office show at how early a period its Medical Bureau was acting in reference to these subjects, and how promptly and cordially it welcomed, and even requested, the cooperation of a Sanitary Commission for preventive and humane ministrations in concert and counsel with the regular medical service.

In the brief period of eight months some twelve hundred volunteer surgeons from civil life were sent into the field with the military forces, and with them came new and large demands upon the regular staff and its central Bureau. Not only were hospital supplies and official supervision to be provided for this volunteer corps, but, as we humbly conceive, it became the duty of the regular staff, and especially of its acknowledged official head, to furnish every volunteer surgeon with specific and friendly instructions and advice upon the leading subjects of his official duties as the medical and sanitary officer of his regiment. To what extent this duty has hitherto been discharged by the chief of the Bureau we are not informed, but there is reason to fear that this most important matter has been inadvertently neglected. We know, however, that the Purveyor-General in this city, and some of the Medical Directors, have not neglected to render themselves useful in this respect. And upon every hand we have received similar testimony respecting the personal labors of Dr. Wood and Dr. Edwards, the chief assistants at the Surgeon-General's office. We know that hundreds of the volunteer surgeons feel deeply grateful for the friendly aid they have received from these and other experienced staff officers. But we cannot forbear to express our strong convictions that the

Surgeon-General should prepare or cause to be prepared a series of suggestive hints and instructions upon various practical questions, and issue them as special orders, or as official advice, to the medical corps of the army. In this manner the medical officers in the field might receive the most important suggestions and information concerning camp and hospital hygiene, the management or prevention of pestilential diseases, and the applications of knowledge of medical topography in the regions to be traversed or occupied by the forces. The management of ambulances for the wounded upon the field, with special advice to surgeons, would also be of practical value to the volunteer corps. Such duties should not be, in fact they cannot be, transferred to the Sanitary Commission. The medical monographs or epitomes, for surgeons in the field, that have been published by that Commission, are truly valuable: and they serve to illustrate the ability of special instructions furnished to the military surgeon in active service. But there are some points connected with regimental and hospital service which will not be properly heeded without an authoritative official communication or order, and there are many more in reference to which the highest and most experienced official counsel is needed by men who have not previously seen military service.

We would not be officious, but as journalists we have here expressed what we know to be the intelligent opinion of our brethren in the army; and we cannot doubt that the acting Surgeon-General would respond to this wish for special and advisory orders and communications from his Bureau, if himself and assistants were not already overworked. Had the late Chief of the Bureau, by such means and by expressions of active sympathy with the entire corps, declared his independence of needless restrictions of *system* and *precedent*, prejudice and enmity would have waged a harmless warfare against him.

In stating the fact, that the Medical Staff and Bureau officers are overworked, we touch upon what appears to be one of the great deficits of the Medical Department of the Army. There is a deficiency in the numerical force of the Department both in field and bureau or administrative service; and to our own mind there appears to be an imperfect and insufficient *division of labor*. Every Medical Director is overworked, and utterly unable properly to attend to his inspectorial duties; and the Surgeon-General and his assistants are cruelly hampered by merely clerical duties, while the supply of the medical force for the regimental and hospital service is utterly insufficient for the active campaign upon which the Grand Army has now entered. We believe it to be the policy of Dr. Wood, the present Surgeon-General, to permit no lack of service and supplies to the sick and wounded, though "red-tape" be torn to tatters; yet there appears to be a necessity for enlarging the powers of the central Bureau, and augmenting the administrative and inspectorial force in the Staff. Until such enlargement by legislation, we know that the profession and the people will both demand and sustain any effective measures of the Surgeon-General for supplying the medical and sanitary wants of the Army.

Having been at some pains to ascertain what is the actual state of the military hospitals and forces in respect of the official force and the medical supplies, these statements are based upon what we know to be true. And if the columns of this journal have fearlessly criticised and suggested, they have also endeavored to be scrupulously

just in all that relates to the Army Medical Service, and the sentiments and wishes of the profession and the people respecting that. As we all know, the idea of *sufficiency* of men and means, and the utmost *effectiveness* in the sanitary and medical care of the forces, is the very embodiment of these patriotic and humane sentiments and desires. It is due alike to the public and the Medical Bureau, that full and frequent information should be given concerning the operations and supplies of the Medical Department of the army. Not only would such information tend to keep alive the fraternal sympathies of the profession, but it would most effectually silence the carping and misrepresentations that have been unworthily indulged in by multitudes of persons both good and bad.

Though we are but partially informed upon the points here referred to, we believe our readers will be agreeably surprised when they learn some of the facts respecting the preparations and supplies already provided for the medical care of the army.

First.—As regards the augmentation of medical forces for field and hospital service, we have ascertained that in the State of Tennessee and Kentucky alone, with an army of about 170,000 men, nearly one hundred civilian surgeons have been added to the Medical Corps, and that these are the very best young surgeons that could be engaged. Other divisions of the Army are being supplied in a similar manner.

Second.—In respect of surgical equipment and hospital supplies, the Purveyor-General has quietly and steadily been accumulating every requisite supply for the prospective necessities of the sick and wounded, until he has, by authority of the Surgeon-General, made the Medical Bureau the monopolist of the more important articles of such supplies; while at the same time some twelve hundred surgeons have received an ample outfit of instruments, etc., and liberal supplies have been furnished for upwards of half a million of troops. It is true that there have been defects in the medical supplies at particular points, but such defects resulted from the incompetency or derelictions of Medical Directors at those places, or from lack of instructions and orders from higher authority. But in this matter we know that the faithfulness and promptitude of the Medical Department have far exceeded those of the higher military powers. For example: the hospital supplies that were ordered for General Patterson's Division in Northern Virginia, early in summer, were promptly placed at Frederick, Md., in time to anticipate the casualties of the battle which GENERAL SCOTT had ordered to be given; supplies for five hundred beds were in place days previous to the anticipated movement. So upon the peninsula between the York and James Rivers we know that hospital supplies were promptly placed within five days of the requisition, and in season to meet the largest army that has ever been concentrated in a single movement upon the Western Continent.

To Cairo, Louisville, Port Royal, the mouth of the Mississippi, and elsewhere, ample supplies of medicine, etc., have been sent, including a thousand ounces of quinine to each grand base of operations. And yet the supplies at the Purveyor-General's command are not sensibly diminished; and we are happy to state that, of our own personal knowledge, the resources of the Purveyor's department, in all the more important elements of hospital supplies, far exceed any estimate of Army Regulations. Of the single article of quinine the supply actually in possession and reserve is

nearly if not quite equal to the demands of a twelve months' campaign for the entire army.

All this is as it should be, and demonstrates the ability and foresight of some of the older military medical officers. We refer to the subject with unfeigned pleasure, and we would assure the officers of the Medical Bureau, that the hearts and hands of the noblest and the ablest of their professional brethren in civil life are ready and anxious to lend any aid that may be demanded of them or desired in the hospitals or upon the field.

THE WEEK.

WE are glad to notice that the charges of cruelty made against SURGEON PORTER of the Alexandria Hospital, are found, on thorough investigation, to be without foundation. The court of inquiry made the following return:—

"The Court finds that the conduct of Dr. John B. Porter towards the patients has been distinguished by kindness and consideration for the wants of the sick; that no complaint has ever been made of Dr. Porter, except in one instance, by the principal complainant, to Col. Mansfield, and that, according to his own evidence, it was immediately corrected. The Court, from its own observation, cannot speak too highly of the condition of the Mansion Hospital, which is exhibited in the fact that out of five thousand patients there have been but thirty-two deaths."

THE Secretary of War has authorized the Surgeon-General of New York, under the direction of the Governor, to organize a volunteer corps of Surgeons to render medical aid when requested. A similar organization has been made under the Governor of Pennsylvania, and valuable services were rendered by DR. SMITH, Surgeon-General of that State, and his assistants, to the wounded at Winchester. We learn that SURGEON-GENERAL VANDERPOEL, of this State, promptly organized a corps of Surgeons, embracing some of the most eminent men in different sections, who will hold themselves in readiness to leave for the seat of war at a moment's notice.*

A FOREIGN medical journal has recently complimented the profession of this country on the enthusiasm with which they have maintained their medical societies, and the scientific character of their discussions, as if undisturbed by a civil war. This remark will prove true of all our medical organizations, but the American Medical Association, which will be an exception. The annual meeting of this body has been adjourned by the resident committee of Chicago to June, 1863. The committee state that they have consulted leading members in each important section of the country, and are brought to the conclusion that the meeting should be further postponed. They have thus done their duty, and we trust the future will prove the wisdom of their decision. Our own opinion of the propriety of this postponement is unchanged. No valid reason has yet been given why this most important of all our medical societies should not hold its annual meeting. If the probable attendance is always to decide whether or not the annual meeting shall be held, the Association had better be adjourned *sine die*. The fact that our Southern brethren cannot meet with us doubtless has weight with some, but it certainly has none with us. We regard the Association as our National Medical Congress, existing independently of all social and political fluctuations, and exercising jurisdic-

diction over all its members, whether present or absent. The meeting in June would have been one of the most interesting ever held; valuable papers were in course of preparation to be submitted, which will now seek other channels of publication, and important questions growing out of the new relations of the profession to the public service would have received that consideration which they require for their proper adjudication. What is perhaps most to be deplored by this long interval, will be the diminution of that moral force which the Association had at length acquired over the profession, and only after years of persistent effort. Other national scientific associations, as the Dental, Pharmaceutical, etc., we are glad to notice, are to have their annual meetings.

THE following order relieving Dr. C. A. FINLAY of duty as the Surgeon-General of the army has been issued by the Secretary of War:

"SPECIAL ORDERS—No. 71.

"WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, April 3, 1862.

"* * * * "Surgeon General C. A. Finlay will repair to Boston, Massachusetts, and there await further orders. Surgeon R. C. Wood, United States Army, will take charge of the Surgeon-General's office. * * * * *

"By order of the Secretary of War.

"L. THOMAS, Adjutant-General."

No reasons are officially assigned for this change. We think it is safe to presume that the Secretary of War has simply put into operation the rule of "*selection versus succession*." The report of disloyalty is a fabrication without a shadow of foundation; whatever may have been alleged against his administration of the Medical Bureau, the late Surgeon-General was a devoted and loyal officer. Facts well known to us fully warrant the opinion that when the final history of the present medical staff is written, it will be seen that the senior members of that corps have displayed a liberality, loyalty, and devotion to the welfare of the army and its medical service, that may well be imitated by younger and more aspiring officers. The selection of the veteran officer, Dr. R. C. Wood, for the position of chief of the Bureau, is justly expressive of the large confidence and esteem which that excellent representative of his staff has always and everywhere commanded. There will be no strife for pre-eminence among such men as Finlay, Satterlee, and Wood. Whoever is chief in authority at the Bureau, we beg him to select and detail "the right man for the right place" wherever administrative and directoral duties are to be performed.

Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia. J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

(Continued from page 198)

No anæsthesia is associated with any lesion limited to either of the white columns of the spinal cord. Confined to one side of the body, anæsthesia in spinal diseases is a symptom of alteration in the grey matter of the opposite

half of the cord, or all along the posterior grey horns in which the posterior roots pass before going to the other parts of the cord. In such a case sensibility might exist below and above the regions injured: not an instance of this kind, however, has been observed.

Anæsthesia in a limited part of the body, whether alone or with paralysis of movement, cannot be a sign of any other local spinal affection than a lesion, either in the posterior grey horns, destroying the posterior roots at their place of entrance, or in the centre of the grey matter involving the decussation of the sensitive conductors: as in central softening of the cord, in spina bifida with hydro-rachis, in diplomyelia.

Hyperæsthesia, contrary to anæsthesia, may exist alone, and is a constant result of lesion in the posterior parts of the cerebro-spinal axis, from the tubercula quadrigemina down to the lower end of the spinal cord. It almost always co-exists with an increased temperature.

Paralysis of movement is not an essential symptom of alteration in the posterior columns, but of:—

1°. A lesion of the anterior columns, everywhere except in the upper part of the spinal cord, near the medulla oblongata.

2°. A lesion of the lateral columns near their decussation at the upper part of the spinal cord, and, perhaps, not in the other parts of the organ.

3°. A lesion of the whole central part of the grey matter.

The symptoms in the trunk and limbs according to the seat of a lesion in one lateral half of the cerebro-spinal axis, are:—

1. Lesion in the brain proper, the optic thalamus, or the corpus striatum.

| <i>On the opposite side</i> | <i>On the same side</i> |
|---|-------------------------|
| Anæsthesia | Normal sensibility |
| Paralysis of movement | Normal movements |
| Increased temperature (even without fever). | Normal temperature. |

2. Lesion of the pons varolii, or the medulla oblongata, above the decussation of the anterior pyramids.

| <i>On the opposite side</i> | <i>On the same side</i> |
|-----------------------------|-------------------------|
| Anæsthesia | Hyperæsthesia |
| Paralysis of movement | Normal movements |
| Diminished temperature. | Increased temperature. |

3. Lesion of the medulla oblongata at the level of the decussation of the anterior pyramids.

| <i>On the opposite side</i> | <i>On the same side</i> |
|-----------------------------|-------------------------|
| Anæsthesia | Hyperæsthesia |
| Paralysis of movement | Paralysis of movement |
| Diminished temperature. | Increased temperature. |

4. Lesion of the spinal cord.

| <i>On the opposite side</i> | <i>On the same side</i> |
|-----------------------------|-----------------------------------|
| Anæsthesia | Notably increased sensibility |
| Movements nearly normal* | Diminution or loss of motor power |
| Diminished temperature. | Increased temperature. |

About the etiology of paralysis in the same side of the encephalic lesion Dr. Brown-Séquard gives the following important account:

"When a tumor exists, pressing upon the anterior surface of one of the crura cerebelli, and upon the insertion of the trigeminal nerve, if it causes paralysis, it is in the same side of the body. I have collected fourteen cases of this kind, all having the same features, which are: *incomplete* paralysis in the side of the lesion, no anæsthesia (except in one case), and frequent fits of vertigo. Now, as to the explanation of this kind of paralysis, we will say that it is either the result of the destruction of some conductors employed in voluntary movements (to regulate them or to act otherwise), or of the irritation of certain nervous

* By an error of printing the condition of voluntary movements is not correctly stated in classes No. 1 and 4 of the table in the book. The errata, however, have been noticed by Dr. Brown-Séquard in his last lectures "On the Diagnosis and Treatment of the Various Forms of Paralytic, Convulsive, and Mental Affections," published in the *Lancet*.

fibres in the peduncle itself or near it. Were the first hypothesis the true one, we should find that a destruction of the whole peduncle causes paralysis in the corresponding side only, or in it and in the other one, and not in this other alone; but there are several cases in which there has been, with such an alteration, a paralysis in the opposite side only. We should find, also, that alterations of the parts by which the crus cerebelli communicates with the muscles produce a paralysis in the same side of the body, together with a paralysis in the opposite side. But this is not what is observed. I have collected more than thirty cases of alteration in a lateral half of the pons varolii and medulla oblongata, in many of which the lesion extended to the crus cerebelli, and in all the paralysis was in the opposite side only. For instance, in a case of Dr. Annan, which I have related (see case 38, Lecture VII), the whole connexion of the right crus cerebelli with the right half of the medulla and of the pons was destroyed, and the paralysis existed only on the left limb. (There are a few cases, however, in which a tumor has pushed backwards and upwards the crus cerebelli, and the corresponding half of the pons, producing only a slight degree of paralysis in the same side of the body.)

"As to the other hypothesis, we will say that it is the only one we can find able to explain the production of the paralysis in the side injured, in cases of irritation of the crus cerebelli; and we will add, that perhaps the same explanation would be the right one for all the cases of the so-called *direct* paralysis. But whether it is the irritation of the fibres of the crus, or of those of the trigeminal nerve, which causes the paralysis, we cannot tell, and we have no time to discuss the question. The same reason prevents our examining why the anterior surface of the crus cerebelli, or the trigeminal nerve at its point of insertion, have more power than in their other parts, or than the rest of the encephalon, to cause a paralysis, in consequence of an irritation. I will only say, that we find that the peripheric parts of the same nerve in the gums and the bulb of the teeth, as also certain parts of the sympathetic nerve, have more power to produce a paralysis than other nervous ramifications in many parts of the body; and that, therefore, there is no ground for an objection to our hypothesis from the fact that such a paralysis is not caused by the irritation of other parts of the encephalon than the crus cerebelli. I may add, that when an irritation on a nerve causes a paralysis, it is usually in the corresponding side of the body that it appears, just as is the case when a tumor exists between the petrous bone and the crus cerebelli."

At the close of the book is the summary account of a case of this special kind of paralysis, published by Dr. Ogle, which may serve, as stated by Dr. Brown-Séquard, as a type of analogous instances. After the Lectures already examined is a comprehensive appendix on the objections against the views brought forward by Dr. Brown-Séquard, and also on the therapeutic deductions which are to be drawn therefrom. Although last, not least is the interest of this part, and we quote its general conclusions:—

a. Reflex movements alone, and not sensations and volition, exist in monsters deprived of a great part of their cerebro-spinal axis.

b. When the spinal cord, the medulla oblongata, or the pons varolii are altered, even considerably, sensibility and volition may continue to exist, because there are still communications by nerve-fibres through the altered parts, between the nerves of the trunk and limbs, and the parts of the encephalon, in front of the pons.

c. If the reasons given by many physiologists to prove that the pons varolii is the seat of the centre for volition, and for perception of sensitive impressions, were true, we should have to admit that the medulla oblongata is the centre (or, at least, a part of the centre) for these faculties, because the same reasons appear to prove the same for this organ as for the pons.

d. Very likely these faculties have not their centre (at least their principal centre) in the pons varolii, and, still less, in the medulla oblongata.

e. There appear to be, in many places of the encephalon, nerve-fibres, which are not voluntary motor, and which, nevertheless, go to muscles, either in the same side of the body as the side of the encephalon from which they originate, or in the opposite side, and that these muscular nerve-

fibres are able to produce convulsions when they are irritated by an injury or an alteration in the encephalon, so that convulsions may take place either in the paralysed side or in the other.

f. The results of the researches of Dr. Ludwig Türck (showing that alteration of a part of the encephalon brings on a change in the structure of the nerve-fibres which go from the part into and along the spinal cord), cannot in the actual state of science prove against or in favor of any doctrine relative to the place of decussation of sensitive and voluntary motor nerve-fibres.

Therapeutic deductions.—The laying bare of the spinal cord, or of its membranes, is not a dangerous operation. Death after fracture of the spine is usually due to the effects of a pressure, or some excitation upon the spinal cord, and not the result of a partial or complete section. A morbid excitation upon the cord, and not its loss of action, produces:—sloughs on the sacrum, changes in the urinary secretion, alteration in the mucous membranes of the bladder, and myelitis. To avoid all these causes of death it is extremely important to remove, if possible, the pieces of bone that irritate the spinal cord. Therefore, trephining, or the extirpation of broken pieces of bone, or the raising up, or lifting out of the posterior arch of one or several vertebrae, when they press upon the spinal cord, are operations which ought to be resorted to, in most cases of fracture of the spine, as quickly as possible after the fracture, and before inflammation has set in. Clinical experience agrees with the exactitude of this assertion. Let us state, in addition, that the functions of the cord may return after cure of the wound, as also that a new bone may be produced after removal of some parts of the vertebrae.

Sloughs on the sacrum, nates, etc., in cases of fracture of the spine, myelitis, meningitis, etc., are prevented, or rapidly cured, by using alternately two poultices—one of pounded ice, kept in a bladder, applied for eight or ten minutes, and the other of very warm bread or linseed to be left for one or two hours, or even longer.

(To be Continued.)

Correspondence.

WASHINGTON.

[Special Correspondence of the AMERICAN MEDICAL TIMES.]

THERE are many facts which may be gathered in Washington and the adjoining region, which you may deem worthy, perhaps, of spreading before your readers; some of which I shall, from time to time, communicate, to be used or not, as may seem best in your judgment.

The present grand, forward Southern movement, now in progress, reveals the fact that there are large numbers of soldiers in the camps, who are from previous sickness, or other causes, disqualified for active service, for whom convalescent hospitals have to be provided; and these are now being prepared, not only in this city, Georgetown, and other places in this vicinity, but also in New York, etc. On Thursday last, Dr. Tenbroeck, U.S.A., was deputed by the Surgeon General to New York city, with instructions to co-operate with Dr. Satterlee, Medical Purveyor, and Dr. McDougal, U. S. M., in erecting and opening temporary convalescent hospitals for the reception of several hundred patients, who will be forwarded as soon as the buildings, etc., are ready. These will be in charge of Dr. McDougal, with the necessary assistants. On the same day, 21st inst., Dr. Joseph R. Smith, U.S.A., who is at present in charge of that model establishment, the "Semi-nary Hospital," at Georgetown, was deputed to find a suitable building for a convalescent hospital, large enough for the accommodation of several hundred patients, and have

it in readiness for their reception in forty-eight hours; and to-day they are being received. The long inaction of our army of the Potomac, in camp for so many tedious months, has naturally produced a great deal of sickness and mortality; greater, than would have occurred in active operation in the field. I am no judge of military matters, but looking on war in a hygienic point of view solely, were I General-in-Chief, I should try, at all hazards, to keep my soldiers moving. The demoralization and sickness of an army in camp, deprived of all sources of healthy excitement, and exposed especially at the same time to the depressing influence of a malarious atmosphere, are such as to excite our tenderest sympathies and regrets. It may, perhaps, in the estimation of some, be well, that our army is not controlled by hygienists, for if it were, strategy would probably succumb to other considerations, more closely allied to humanity. But here, as in other cases, everything must yield to dire necessity, and the accomplishment of the great ends in view. Let us hope that Washington may not be to our troops, what Capua was to Hannibal's.

* It is difficult from any published statistics to get at the actual facts regarding the past mortality in our army. The statements recently published in our newspapers on this subject, are wholly unreliable. These statements purported to give the number of deaths officially returned to the office of the Surgeon-General, during each quarter of the year 1861, and that these were the deaths in 257 regiments. But it is a great mistake to suppose that the deaths so reported comprised all that had occurred in a year in 257 regiments. Many of these regiments having been but a few months in the service, only the deaths of the last quarter of the year can be considered as embracing all occurring in those regiments, the deaths given for the preceding quarters having occurred in a much smaller number of regiments. From these data it would appear that in each of the regiments represented, there were, during the last quarter of 1861, on an average, twelve deaths, or a monthly average of four deaths to each regiment. Supposing there are 600 regiments in the field, then, according to these official data, the number of deaths in the army for each month of the last quarter-year, must have been 2400, or 28,800 per year. But these rates should, perhaps, be somewhat reduced, on account of deaths occurring in general hospitals, from other regiments, and included in the returns for the quarter. The number of regiments, in service, according to Secretary Cameron's last Report, was 660, which will give, at the above rates, a monthly mortality average of 2,640 deaths.

This is a per centage of 54, scarcely more than the average mortality of the U. S. army ten years past. This is on the supposition of the army embracing 660,000 men; but there is good reason for believing that the number considerably exceeds this amount. This certainly presents a very favorable view of the health of our army, considering much of the material of which it is made up; and is conclusive in regard to the wisdom, skill, and efficiency of the Medical Department, and especially of its experienced head.

At the present time, or rather on March 14th, 1862 (at present the number is somewhat greater), there were, of sick and wounded soldiers at Seminary Hospital, Georgetown, 128; at General Hospital, Union Hotel, Georgetown, 184; at St. Elizabeth Hospital, Eastern Branch, 102; at Indiana Hospital (Patent Office), 145; Hospital for Eruptive Diseases, 56; at Douglas Hospital, Kalorama, 208; at General Hospital, Alexandria, 519; Columbian College Hospital, 237; General Hospital, Circle, 130; General Hospital, Eckington, 44—Total, 1753.

Arlington House, which has for some months been occupied by Generals McDowell and King as "Head Quarters," is now being fitted up as a Government Hospital; a better or more healthy location it would be difficult to find in this whole region. The new hospital in Judiciary Square, Washington, is now nearly completed. It will be recollected that the former Infirmary edifice was destroyed by fire on the 4th of November last. In less than five months, there

has been erected a building of enlarged dimensions, better arranged, with all the modern arrangements.

The new hospital fronts on E street. In the centre there is a corridor extending 380 feet, being the entire length, with a width of ten feet. The first is called the "Administration Building." This is two stories in height, the lower being fitted up for the physicians, apothecary department, nurses, storerooms, etc., and the upper part for chambers. The kitchen is 52 by 28 feet, with many admirable arrangements and appliances for the cleanly and proper preparation of nutritious food. The centre building is 32 feet wide, by 280 in length, commodious and convenient. Contiguous to these, and in perfect connexion, there are on each side five ward buildings, 28 by 84 feet. These are so arranged as to leave immediately opposite (on the other side of the corridor), an open space of 27 feet in width, thereby securing free ventilation and abundant light. Each of these wards is furnished with rooms for nurses, and one for convalescents, besides bath-rooms, closets, etc. This vast and benevolent "Retreat" is elevated three feet above the ground, and at all seasons will be perfectly dry. It covers an area of one and a half acres, is abundantly supplied with pure water, gas, and every other requisite which can contribute to the recovery, comfort, and cheerfulness of the inmates. Under ordinary circumstances, 200 patients can here be amply accommodated; and if an emergency arise, the building is competent to receive double that number.

There is one gigantic nuisance in Washington, Georgetown, etc., which must be abated, before this can be made anything like a healthy locality. I refer to the Washington canal—constructed at an enormous expense, and at the time regarded as one of the greatest possible improvements. It seems to be the grand receptacle of nearly all the filth of the city. The waste from all the public buildings, hotels, and very many private residences, is drained into it. It is now in many places filled with accumulations from such sources, so as to present beds of rank vegetation and offensive soil, above the level of the water. How the citizens of Washington expect to enjoy good health, with this immense mass of fetid and corrupt matter, giving off its pestiferous effluvia, is difficult to understand. The Smithsonian Institution could do no better service to the public, it seems to me, than to diffuse some useful knowledge on such matters, as well as on shells and birds' eggs. I am not about to dispute the great utility of such ingenious investigations, but were I a resident here, I should prefer to have some original researches made in other directions, as, for example, into matters lying either on the surface, or near to it. Should these labors result in the abatement of this nuisance, they would render a greater service to the inhabitants of the city, than in collecting all the corals of the tropical seas, or the rare birds and animals of New Holland and Africa.

I could hardly subscribe, however, to the plan of Mr. French, Commissioner of Public Buildings, in his recent Report to Congress, viz. to dredge the canal, and deposit all the filth on the public grounds on the south side of Capitol Square, for the purpose of filling in. This would furnish a most excellent and fruitful source of malaria for a generation to come, and might, perhaps, in one way, be a public benefit, for Congress could never prolong its sessions beyond the month of May, for fear of the annual pestilence. For one, I venture to predict, that unless the dead horses in this region be buried, and this load of filth in the canal be removed from the city limits, as soon as the summer heat prevails, there will a pestilence spring up, such as Washington has never been visited with before. Again, I say, let the Smithsonian Managers awake, and enter on a regular hygienic crusade, set the U. S. Sanitary Commission at work, and then we will see if our President and Heads of Departments cannot safely live here during summer and autumn, and not be obliged to wander to the seaside, or the mountains of New England, in pursuit of health.

More anon.

L.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 81st day of March to the 7th day of April, 1862.

Deaths.—Men, 105; women, 81; boys, 165; girls, 104—total, 455. Adults, 156; children, 299; males, 270; females, 185; colored, 7. Infants under two years of age, 174. Children reported of native parents, 58; foreign, 290.

Among the causes of death we notice:—Apoplexy, 8; Infantile convulsions, 45; croup, 8; diphtheria, 18; scarlet fever, 39; typhus and typhoid fevers, 10; consumption, 69; small-pox, 7; dropsy of head, 22; infantile marasmus, 16; diarrhoea and dysentery, 9; inflammation of brain, 7; of bowels, 14; of lungs, 81; bronchitis, 7; congestion of brain, 7; of lungs, 4; erysipelas, 3; whooping cough, 11; measles, 5. 253 deaths occurred from acute diseases, and 85 from violent causes. 315 were natives, and 140 foreign; of whom 91 came from Ireland; 5 died in the Immigrant Institution, and 47 in the City Charities; of whom 9 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

| Mar. & April. 1862 | Barometer. | | Temperature. | | | Difference of dry and wet bulb, Therm. | | Wind. | Mean amount of cloud. | Humidity, 1000 |
|-----------------------|--------------|--------------|--------------|------|------|--|------|--------------|-----------------------|----------------|
| | Mean height. | Daily range. | Mean. | Min. | Max. | Mean. | Max. | | | |
| | In. | In. | " | " | " | " | " | | | |
| 29th. | 30.05 | .14 | 38 | 25 | 50 | 8 | 13 | N.W. to S. | 3 | 510 |
| 30th. | 29.96 | .10 | 35 | 29 | 51 | 5 | 8 | S.E. | 6 | 681 |
| 31st. | 29.94 | .18 | 40 | 34 | 45 | 2.5 | 4 | S.E. | 9 | 894 |
| 1st. | 30.14 | .20 | 40 | 36 | 45 | 5 | 7 | N.W. to S.E. | 9 | 707 |
| 2d. | 30.20 | .10 | 40 | 33 | 46 | 4.5 | 5 | S.E. | 10 | 730 |
| 3d. | 30.00 | .24 | 58 | 42 | 63 | 7 | 14 | S. to W. | 2 | 520 |
| 4th. | 30.10 | .14 | 51 | 41 | 60 | 11 | 17 | N.W. | 3 | 450 |
| 5th. | 29.90 | .30 | 37 | 34 | 40 | 2 | 3 | N.E. | 9 | 894 |

REMARKS.—29th, Wind fresh; sky variable; clear early and late. 30th, Fresh wind early A.M.; sky dark after half-past 3 P.M.; hail, rain, thunder and lightning late at night. 31st, Very light rain early A.M. and P.M. April 1st, Clear early A.M.; day overcast. 2d, Rain late P.M.; Barometer very high. 3d, Rain early A.M., with fog; clear day. 4th, Fresh wind all day; very dry air; cloudy P.M. 5th, Light rain from 11 A.M. to sunset; cloudy A.M.; clear late.

MEDICAL DIARY OF THE WEEK.

| | |
|-------------------------|--|
| Monday, April 14. | { NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M. |
| Tuesday, April 15. | { NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. |
| Wednesday, April 16. | { NEW YORK HOSPITAL, Dr. Griseom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, 1st Hos., half-past 1 P.M. Dr. Flint, 1st Hos., 3 P.M. EYE INFIRMARY, 12 M. ACADEMY OF MEDICINE, 8 P.M. |
| Thursday, April 17. | { NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. |
| Friday, April 18. | { NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. |
| Saturday, April 19. | { NEW YORK HOSPITAL, Dr. Griseom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. |

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 19.

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| Monday, PROF. MOTT, 12 M. |
| Tuesday, PROF. ELLIOT, 12 M. |
| Wednesday, PROF. SAYRE, at Island Hospital, 2 P.M. |
| Wednesday, PROF. FLINT, at Island Hospital, 3 P.M., (steamer leaves at 1½ P.M.) |
| Thursday, PROF. WOOD, 12 M. |
| Friday, PROF. SMITH, 12 M. |
| Saturday, PROF. FLINT, JR., 12 M. |
| Clinical Lectures by PROF. TAYLOR, Thursday, 1½ P.M. |
| " by PROF. MCCREADY, Friday, 1½ P.M. |

The order of Lectures for the coming week will be published weekly in the AMERICAN MEDICAL TIMES.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, April 16th, DR. A. K. GARDNER will read a paper on "Amputations of the Cervix Uteri."

Wm. H. Davol, M.D., late Physician
to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

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American Medical Association.—

ANNUAL MEETING.—We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with Officers and Members in each important section of the country accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further postponed until the first Tuesday in June, 1863.

Committee.—N. S. Davis, J. Bloodgood, G. W. Freer, H. W. Jones, E. Andrews, D. Luskie Miller, Thos. Bevan.
Chicago, March 29, 1862.

To Physicians.—Jerome C. Smith,

M.D., late of McLean Asylum, near Boston, is prepared to receive into his house, 107 East 30th st., a limited number of Epileptics or Nervous Invalids for care and treatment. He can give them superior accommodations, and command the services of the most approved nurses.

References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward K. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Kanney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.

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the Skin in Children; from the French of Caillaud. With Notes by R. H. Blake, M.D. 8vo. London, 1861. Price \$2.60.

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